

AzEIP Initial Planning Process Child and Family

Child's Name _____ Birth date _____ Today's Date _____
 Nickname/AKA _____ Social Security # _____ Gender _____
 Address _____ Phone _____ School Dist. _____
 Ethnicity _____ Language of the home _____ Child _____
 Tribe _____ Reservation _____

Parents			Other children and adults in home		
Name			Name	Relationship	Birth Date
Relationship to Child					
Date of Birth					
Message Phone					
Work Phone					
Social Security No.					
Occupation					
Legal Guardian (if different from above)			Emergency Contact		
Name			Name		
Address			Address		
Phone Number		Relationship	Phone Number		
Directions to Home					
Referral Date		Referral Source		Referral Source Phone Number	
Persons completing this form					

Daily Routines, Activities and Interactions

<u>Date</u>	Describe a typical day with your child. What activities/routines are your child/family involved in? Where/with whom does your child spend time? How often/how much time (day/evening/weekend/frequency)?		
<u>Date</u>	Describe the people, toys, activities, routines and places your child enjoys most.	<u>Date</u>	Describe the people, toys, activities and places your child is most frustrated by
<u>Date</u>	Are their activities or routines that your family is interested in doing now, but are not because of your child's special needs? Are there future activities or routines that your family is interested in planning for (for example family trip, play group, attending baseball games) and wonder how your child's special needs will be met? If so, please describe		

Family Resources, Priorities, Concerns and Interests

<p>I want to know more about, or am interested in...</p> <p><i>For example; meeting with other families who have similar concerns, ideas for involving other family members and friends, information about my child's disability.</i></p>	<p>I have questions/concerns about my child's...</p> <p><i>For example; feeding, calming, communication, movement, vision or hearing.</i></p>	<p>Resources that help our family...</p> <p><i>For example; relatives, friends, religious affiliations, community groups/agencies, playgroups and community events.</i></p>	<p>In addition to what you have already shared, is there anything else you would like to tell us that would be helpful in planning supports and services for your child and family?</p>
<p><u>Date</u></p>	<p><u>Date</u></p>	<p><u>Date</u></p>	<p><u>Date</u></p>

Developmental History and Observations

Together we gather information about your child's development. This information is important in determining your child's eligibility for early intervention. If your child is eligible, this information will be important for development of a plan. Two important ways that we do this are through conversation about and observation of what your child can do, and how they have developed over time. There are five general areas of development: communication, cognitive, physical, social or emotional, and adaptive, self-help or problem solving.

Medical History/Health

Prenatal & Birth History		Birth Child		Adopted	
Pregnancy					
Hospital where child was born			Length of Pregnancy (Weeks)		Birth Weight
Labor and delivery					
Was your child in the intensive care nursery? (Where)					Length of hospital stay for your child
Health Plan			Primary Care Physician (PCP)		
Address of PCP				Phone	
Insurance Company Name				Group #	
Name of Insured				Insured Id #	

Other Doctors Currently Caring for Child:	Address & Phone	Specialty

Diagnoses? If yes, when? Does family agree with the diagnosis?	
--	--

Medical History/Health Continued

General Health _____ Immunizations Current? _____

Health concerns such as allergies, ear infections? _____

Has your child had any serious illnesses or accidents,
prolonged fever, convulsions or seizures?

How does your child eat? Breast fed _____ Bottle _____ Cup _____ Spoon _____ ng/g Tube _____ Finger foods _____

Is your child growing and gaining weight? _____

Is your child on a special diet or nutritional supplements? _____

Is your child taking any medications? (list) _____

Has your child had a vision or hearing screening within the past 6
months? (include dates) _____

Major Hospitalization

Where	When	Reason

Summary of Child's Present Levels of Development

As we plan how to provide you and your child with supports/services, we prepare a summary of your child's health, growth and development. It is important for us to think about your child's vision, hearing, and nutritional status. Other information that might effect planning include birth history, additional diagnosis, medications, issues that might effect your child's performance, etc.. You have already helped us gather this information. Possible sources of information for this summary include conversations we have had with you, observations of your child in daily routines, formal assessments and medical reports.

Summary of Child's Present Levels of Development, continued

Child/Family Desired Outcome # _____

<u>Date</u>	What does your family want to see happen or changed as a result of early intervention and how will we know we've made progress? (include timelines)		
<u>Date</u>	What is happening now related to this outcome? (including child and/or family resources and concerns)		
<u>Date</u>	Ideas/activities <i>(things we are /will do to make this happen)</i>	People <i>(who will teach, learn, do)</i>	Natural Environments <i>(activity settings or places to learn/do)</i>

REVIEW/CHANGE DATES		We will need to continue			We have revised	
		Completed (reached our outcome).			Team members have been informed	

Natural Environments: Early Intervention services must be provided in natural environments (settings that are natural/typical for the child's age peers who have no disabilities) to the maximum extent appropriate, and can only be provided in settings other than natural environments when outcomes can't be achieved satisfactorily in natural environments. IDEA requires justification to support the IFSP team decision that outcome/strategies cannot be achieved satisfactorily in natural environments.

1) Why outcomes/strategies cannot be achieved in natural environment.	2) How will intervention be generalized to the natural environment?	3) Plan/ timeline to move service into natural environment.
---	---	---

Transition Plan and Timeline

Individual Transition Plan for:		Date	
Transition Event	A Closer Look	Timeline	Date Achieved
Parents informed of available programs and services available after a child's third birthday.	<p>Programs may include: community preschool/daycare, Head Start, school district preschool, etc..</p> <p>Family encouraged to brainstorm questions regarding transition process.</p>	Throughout enrollment in AzEIP.	
Sign releases of information.	<p>A release of information is required to share records between programs.</p> <p><i>*SC is the facilitator and provides records required by PS district, ADE provides information on educational preschool options & eligibility requirements, Procedural Safeguards and other assessment needs</i></p>	At or before the pre-transition meeting.	
Transition Planning Conference	Transition Planning Conference District Representative is invited to describe various program options, answer questions and share records when necessary.	3-6 months prior to child's 3 rd birthday	

Transition Plan and Timeline continued

Transition Event	A Closer Look	Timeline	Date Achieved
Offer visits to program option sites	Visits to program sites should be arranged with the family by district representative.	3-6 months prior to child's 3 rd birthday	
Multidisciplinary Evaluation Team explains results of the assessment and Procedural Safeguards.	Eligibility or non-eligibility for special education and related services is determined. If eligible, family makes decision whether or not they want special education and related services.	By child's 3 rd birthday.	
If program other than special education and related services is chosen by family, referral made to appropriate community program(s).	Other referrals may also be made at this time, but procedures may vary. Service coordinator and family may release records to selected program(s).	By child's 3 rd birthday.	

Supports and Services Needed to Make Progress Towards Outcomes

Supports/Services <i>Remember, each service and support needs to be linked to an outcome.</i>	Outcome #	How often & how long each time?	Who will do this?	In what activity setting will this take place? <i>Justification must be written on outcome page.</i>	Who will pay?	Start Date	End Date
Other related services needed:							

IFSP Team Page

Informed Consent by Parent(s) for Early Intervention Services:

I have participated in the development of this IFSP and understand the content. I understand that I can accept or refuse any or all of the services identified on the IFSP. I understand that my consent for services may be withdrawn at any time.

Please check and sign below:

1. I agree with the proposed IFSP as written. I further understand that my signature below indicates that: (a) I have been fully informed of the supports/services being proposed; (b) my service coordinator explained my rights under this program and I received a written copy of the AzEIP Procedural Safeguards for Families Booklet; and (c) I give permission to carry out this IFSP as written.
2. I do not agree with the proposed IFSP as written, however, I do give permission for the following supports/services to begin:

My service coordinator explained my rights under this program, and I received a written copy of the AzEIP Procedural Safeguards for Families Booklet. **[Notice of Action must be given to the family.]**
3. I have received copies of the AzEIP Family Satisfaction Surveys.

Parent/Surrogate Signature		Date	
Parent/Surrogate Signature		Date	
Date this IFSP was revised with a meeting			

Note: Parent must indicate their approval for changes made to the IFSP by initialing and dating the changes (unless per phone request by parent.)

List all IFSP Team Members, present or not, who have contributed to the development of this IFSP, using additional page if needed.

Present Report given

Name	Relationship/Agency	Phone
Address		
Name	Relationship/Agency	Phone
Address		

IFSP Team Page Continued

Name	Relationship/Agency	Phone	
------	---------------------	-------	--

Address			
---------	--	--	--

Name	Relationship/Agency	Phone	
------	---------------------	-------	--

Address			
---------	--	--	--

Present	Report given
---------	--------------

Name	Relationship/Agency	Phone	
------	---------------------	-------	--

Address			
---------	--	--	--

Name	Relationship/Agency	Phone	
------	---------------------	-------	--

Address			
---------	--	--	--

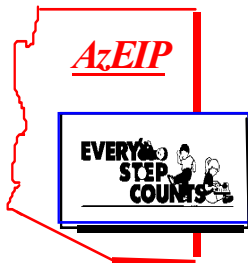
Present	Report given
---------	--------------

Name	Relationship/Agency	Phone	
------	---------------------	-------	--

Address			
---------	--	--	--

Name	Relationship/Agency	Phone	
------	---------------------	-------	--

Address			
---------	--	--	--



Arizona Early Intervention Program Individualized Family Service Plan (IFSP)

Name _____ Birth date _____ Today's Date _____

Responsible Person(s) _____ Relationship _____

Address _____ Phone _____
Street City Zip code

Foster Care ☐ N ☐ Y ACYF ☐ DDD Language of the home _____ Child _____

Social Security _____ ASSISTS ID# _____ AHCCCS ID# _____

Arizona Long Term Care (ALTCS) Eligible ☐ Y ☐ N Insurance (TPL) ☐ Y ☐ N

Insurance Company Name _____ Group # _____

Name of Insured _____ Insured Id # _____

Health Plan _____ Primary Care Physician (PCP) _____

Address of PCP _____ Phone _____

Primary Agency _____ Phone _____

Service Coordinator _____ Phone _____

Initial IFSP ☐ 6 mos ☐ Annual ☐ Other ☐ School District _____

Transition
Conference
Date: